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March 1, 2014

Re: SB-325 (LCO 1369); An Act Concerning Medicaid Recipients With Complex Medical Needs

Dear Sirs,

My name is Dr. David Walshin. I am a board certified doctor specializing in physical medicine and rehabilitation (physiatrist). I have a private practice in Stamford, Connecticut. I have been in practice twenty years.

I am here to speak in support of SB-325 (LCO 1369); An Act Concerning Medicaid Recipients With Complex Medical Needs. The passage of this bill will provide better protection and access for Medicaid recipients with disabilities that live in our state.

I have been evaluating and examining patients for wheelchairs and other durable medical equipment in the inpatient and outpatient setting for the duration of my post-graduate career. I have helped skilled nursing facility patients in Connecticut attempting to receive wheelchairs and services pertaining to custom wheelchairs with the Connecticut Custom Wheelchair Program (Hillburn) for fifteen years, while also seeing outpatients. I have had the pleasure of working with many therapists and several complex rehabilitation technology suppliers, the latter who employ Assistive Technology Professional (ATPs).

I have seen the difference complex rehabilitation technology in the form of custom wheelchairs makes in the lives of patients. Many of these patients have diseases and illnesses such as spinal cord injury, traumatic brain injury, cerebral palsy, multiple sclerosis, etc., whose rehabilitation needs cannot be met by simple "non-complex" wheelchairs or seating. Abnormalities in muscle tone, range of motion via contractures, strength and sensation are just some of the problems that result in postural and positioning deficits that require complex rehabilitation technology in the form of custom wheelchairs, seating and other specialized equipment, such as standing frames.

The cost of treating pressure ulcers in the hospital setting can be several hundred thousand dollars for protracted admissions requiring surgical debridements, muscle flap surgeries and wound care using wound vacs and daily care. This is not uncommon in the setting of spinal cord injuries and the proper and prompt prescription and receipt of an appropriate complex rehabilitation technology wheelchair can reduce or prevent such occurrences.

I recall a 70+ year old woman I saw last year in a nursing home. She developed tropical spastic paraparesis through contracting a virus in the West Indies, rendering her lower limbs completely paralyzed and her arms weakened but functional. She is an avid reader and loves to drive her motorized wheelchair to the window in the hallway nearby her room and read. Having the independence in mobility allows her to leave her room and feel good about herself and also be involved in social activities.

One of my concerns with the review of complex rehabilitation technology is that the term "medical necessary" has been used too frequently to deny patients what I feel is the proper equipment they need. In addition to the receipt of complex rehabilitation technology, maintenance of independence in function, including mobility, is an integral part and goal of the prescription of equipment.

Medicaid recipients with complex medical needs require special attention and should not be lumped together with the general Medicaid population when evaluating and prescribing such equipment. My concern is if this bill is not passed, the complex needs patients will not receive the equipment they need, resulting in worsening posture, positioning and problems applicable to their specific conditions. I am also concerned that mobility will not be factored into the decision to approve such complex rehabilitation technology. We are treating the whole patient, not diseases themselves, when it comes to complex rehabilitation technology. Psychosocial needs must also be met.

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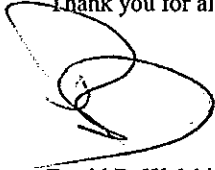
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The physician (usually a physiatrist but sometimes orthopedist), therapist and assistive technology professional (ATP) play a combined role in the evaluation and prescription of complex rehabilitation technology. The physician possesses the knowledge of the medical and post-surgical problems that these patients have, as well as their rehabilitative needs. Those such as me who have experience with assessing patients with complex medical needs can aid in the prescription of complex rehabilitation technology. The therapists have the knowledge to address medical and post-surgical needs, as well as apply them towards the evaluation of complex rehabilitation technology, within the realm of their training. The assistive technology professionals can also assess patients' needs for complex rehabilitation technology, but play the most important role in the specifics of the equipment prescription. That is the foundation of their practice and they must be involved in all aspects of the assessment of complex rehabilitation technology from the start. Each discipline plays their role in a team effort with the goal of appropriate equipment for the patient. The physicians and therapists do not possess the degree of expertise that the assistive technology professionals do with respect to specific equipment and components. Unlike the physicians and therapists, that is an integral part of their daily work.

Passing SB-325 will allow Medicaid recipients with complex medical needs to be assessed and treated separately from the general Medicaid population, thus ensuring they are treated fairly and preferentially in receiving complex rehabilitation technology.

Thank you for allowing me to speak before you today,

A handwritten signature in black ink, appearing to read 'David B. Walshin', with a large, stylized loop at the end.

David B. Walshin, M.D.